

important part of the student's training should be to recognize the psychological aspects of the cases he meets in the general wards and out-patient departments.

The report concludes with a chapter on ancillary services—namely, mental nurses, psychologists, occupational therapists, psychiatric social workers, speech therapists, and, in children's work, playroom supervisors. General approval is given to the conclusions and recommendations of the Feversham Committee. The necessity that all workers in these ancillary services should have an adequate general education is stressed, together with the need for more facilities for the training of all nurses, especially mental nurses, in the management of psychoneuroses. In all the ancillary services a standard curriculum should be laid down for training and diplomas given to those passing examinations, and the members should be encouraged to form themselves into associations for the purposes of maintaining standards and securing adequate recognition, status, and remuneration.

The report is useful not only as embodying the views of this highly expert committee but also for the information it so concisely conveys.

## Local News

### SOUTH AFRICA

#### Health in the Witwatersrand Mines

The Health Department of the Central Mining - Rand Mines Group, of which Dr. A. J. Orenstein, a Vice-President of the British Medical Association, is chief medical officer, has issued a report for 1940 above the name of Dr. H. Q. F. Thompson, Dr. Orenstein being on active service. The average number of natives employed on the gold mines of the group during the year was 109,397, but, of course, a very much larger number were actually at risk for various periods. The number of shifts lost through disease or accident was 4.78 per native employed. The deaths from all forms of accident numbered 252. The mortality rate, 3.38 per 1,000 employed, was slightly higher than in 1939, but is still satisfactory, being much below the figures for earlier years. There was an increase in the number of cases of such respiratory diseases as pneumonia, influenza, and pleurisy, which is ascribed to the large influx of new labour. Pulmonary tuberculosis is also on the increase; silicosis remains stationary.

#### An Experiment with Sulphapyridine

Sulphapyridine has been used in the mine hospitals on the Rand as a routine therapeutic agent for pneumonia since the end of 1938, and the report states that it has undoubtedly contributed to the reduction in the death rate. The mortality figures for the four most recent years are as follows:

	Pneumonia Deaths	Per 1,000 Employed per Annum	Case Mortality Rate %
1937 .. .. .	308	2.94	11.58
1938 .. .. .	242	2.28	9.43
1939 .. .. .	56	0.55	2.61
1940 .. .. .	69	0.63	2.75

In 1936 pneumonia accounted for nearly 37% of deaths from all causes, whereas in 1940 this percentage was only 11. An experiment was carried out, beginning at the end of 1938 and concluding in 1940, on the treatment of pneumonia in native mine labourers employed at the Crown Mines. There were 200 cases, 100 of which received sulphapyridine and 100 acted as controls, receiving the ordinary symptomatic treatment. About half the cases had been previously inoculated with an auto-genous vaccine, but as these fell half in the treated group and half in the control they may be eliminated. There were two deaths in each group; of the two in the treated group, one of the patients had not responded to the drug at all, and the other, though recovering from the pneumonia, died of diabetes a week later. There was vomiting in only one of the 100 cases, and there were no other untoward effects of the drug. Complications arose in one case in the treated group and in four in the control.

The conclusions are that sulphapyridine does not appear to produce toxic symptoms in native males, even when larger doses are employed (the average dose given was 50.81 tablets or 25.4 grammes); that the period of pyrexia in pneumonia is reduced by the use of the drug, with consequent shortening of the stay in hospital (the average number of days in hospital was 15.20 in the treated group and 16.76 in the control; and it is the custom on the Crown Mines to keep every pneumonia patient in hospital for seven days after the temperature is normal, with a total minimum stay of 14 days); that the general discomfort of the patient is reduced, none of the treated group requiring sleeping draughts; and that pneumonia patients do not lose as much weight when treated with this drug.

#### Health in the Union

The annual report of the Department of Public Health, Union of South Africa, for 1939-40 deals with a population of over 10,000,000, including more than 2,000,000 Europeans. Among the latter heart disease occupies first place as the cause of death, cancer second, and pneumonia third. The death rate from the last named is the lowest for the past twenty years, possibly as a result of the introduction of sulphapyridine. It is stated that the statistics concerning the coloured population are still woefully deficient, but in the larger urban areas, where they are available, they show a very high infant mortality rate among natives. This is chiefly due to gastro-enteritis and respiratory diseases, in which ignorance and malnutrition are predisposing factors. Forty-seven cases of human plague with twenty-six deaths were reported during the year under review. Most of these occurred in the northern parts of the Orange Free State, but a small outbreak in the Vereeniging district of the Transvaal constituted the nearest approach of the disease to Johannesburg. The majority of the cases were bubonic, a few being septicaemic; one pneumonic outbreak occurred on a farm in the Orange Free State. Field surveys demonstrated the close relationship between mole-rats and gerbilles. All three species of the former were found to be susceptible to plague, so that these animals, despite the difference between their flea-fauna and that of the gerbilles, must be regarded as possible agents in the spread of infection.

## Correspondence

#### British Medical Students' Association

SIR,—In view of the fact that the chairman of the Medical Planning Commission has asked the British Medical Students' Association to produce a memorandum on medical education, it may be of interest to your readers to hear something about the recent council meeting of that body. The main business on the agenda was the production of this memorandum, and a sub-committee was set up to promote study and discussion on the subject in all medical schools, to place previous memoranda of the B.M.S.A. and other relevant literature before medical societies, to prepare curricula, and to draft a representative and yet detailed and constructive document for presentation to the Medical Planning Commission. All students who are interested should communicate with Mr. K. C. Willett at the Middlesex Hospital, who will supply further information.

Student health questions were included in the reports from several medical schools and were discussed by council. It appears that in a few medical schools, notably University College Hospital, some effort is made to apply the principles of preventive medicine to student health. At these hospitals there is voluntary routine medical examination from the time of entry to the university, including yearly radiographic examination of the chest and Mantoux test conducted by the Prophit T.B. Survey. Hospital treatment is free or adapted to the student's means, and operation fees are unknown. Such conditions are too rare. In other schools there is no provision for medical examination at any time, and to request such examination other than on the basis of severe and unmistakable symptoms would be to invite the label "neurotic." In one base hospital it is reported that students are required to pay £4 4s. weekly under E.M.S. regula-

under the Leeds Education Committee, and at the time of his death was honorary medical officer to Beverley Cottage Hospital. Dr. Dobson was the son of the late Dr. Joseph Dobson, who practised in the Burley district of Leeds for many years.

We regret to record the death on July 31, as the result of an accident, of Dr. WILLIAM MURDIE of Wark-on-Tyne. He was the son of the late Mr. Alexander and Mrs. Murdie of Stronchrubie, Sutherlandshire, and was educated at the University of Edinburgh, where he graduated M.B., Ch.B. in 1907. He was medical officer and public vaccinator for the 5th District, Bellingham, and medical officer to the Post Office. His contributions to medical literature included papers on vaccines in general practice (jointly), observations on infection by bacillus of tubercle (jointly), and a case of camphor poisoning, all of which were published in the *Medical Press and Circular*. He had been a member of the British Medical Association since 1922.

We regret to announce the death on August 1 of Dr. FRANK HAYDON in his eightieth year. He received his medical education at Westminster Hospital, and qualified L.R.C.P. in 1891. He specialized in ophthalmology and for five years was assistant surgeon at the Westminster Hospital; he had held the posts of clinical assistant at the Royal London Ophthalmic Hospital and ophthalmic surgeon to King Edward's Schools. For a time he was secretary to the Court of Examiners of the Society of Apothecaries of London, and for forty-five years he was oculist to the Southern Railway. Dr. Haydon was the author of several books, including an *Ophthalmic Atlas for Recording Pathological Conditions of the Fundus by Means of Superimposed Layers of Colour, Statistical Eyesight Tables, and Railway Test Type Case*. He had been a member of the British Medical Association for forty years.

Dr. HORACE SILVA DRABBLE, who died suddenly on August 4, was educated at Wesley College, Sheffield, and the University of Sheffield; he qualified M.R.C.S., L.R.C.P. in 1921 and started practice in that city. Later he became interested in anaesthetics, and was made honorary anaesthetist to the Royal Hospital, Sheffield, where he gave many years' devoted service. He took the D.A. in 1936. Dr. Drabble was an unusually competent anaesthetist, and was very popular with all his surgical and medical colleagues, as well as with the students under his supervision. He was a very likeable man with a charming personality. A keen golfer, he was one of the oldest members of the Hallows Club. When war broke out in 1914, although only 18 at the time, he enlisted as a private in the Sheffield City Battalion, and later was given a commission and went to France as a combatant officer with the rank of lieutenant in the York and Lancaster Regiment. The sudden death of his father late in 1936 came as a great shock, and precipitated a nervous upset which necessitated a rest from work for some time. He returned to practice, however, and, so far as any of his friends knew, was in the best of health and spirits just before his death. He will be deeply missed by a large circle of friends. He had been a member of the British Medical Association for thirteen years.

We regret to record the death at the age of 75 of Dr. WILLIAM MACCALL BOYD, at Largs, Ayrshire, on August 5. Dr. Boyd qualified M.B., Ch.B. at Glasgow in 1890, and joined the British Medical Association in 1894. He is survived by his wife, one daughter, and two sons.

Dr. SAMUEL LYLE, C.B.E., whose death took place on August 6 at Stockton-on-Tees, had been in practice in the town for thirty-nine years. Dr. Lyle, who was a native of Northern Ireland, graduated M.B., Ch.B. at Edinburgh University in 1901. During the last war he served with the R.A.M.C. in Gallipoli and Bulgaria, and in this country at the Military Hospital, Grantham. He was Ministry of Pensions Commissioner, East Central Region, and for his work in this capacity was awarded the C.B.E. He was honorary surgeon to Stockton and Thornaby Hospital from 1913 to 1930, and from then until his death was honorary consultant surgeon to that hospital. A keen member of the British Medical Association, he took a great interest in the work of the local Division. He had been a member of the Local Medical War Committee since it was first formed.

Lyle took an active part in the civic life of Stockton, and he was a Justice of the Peace from 1930. He was always interested in the local cricket and football clubs, and was well known in racing circles in the North-East, being chairman of the Stockton Race Committee. By the death of Dr. Lyle, Stockton loses a medical practitioner of sound judgment, a genial personality, and a true sportsman.

Dr. SPENCER VERDON-ROE died suddenly after an operation on August 7. Spencer Verdon-Roe was educated at Cambridge and St. Bartholomew's Hospital, qualified M.R.C.S., L.R.C.P. in 1897, and took the M.B., B.Ch. in 1898. After qualifying he was house-surgeon to the Radcliffe Infirmary, Oxford, and clinical assistant in the department of diseases of the throat, St. Bartholomew's, and in the ophthalmology department of the West London Hospital. He was subsequently assistant school medical officer in the L.C.C.

Miss MARY CAMPBELL HORNER, whose death at Limavady, Co. Derry, was recently announced, was educated at Queen Margaret College, Glasgow, and took the Scottish triple qualification in 1894. Medical missionary work became her life interest, for she served for thirty-one years in the Church of Scotland Mission Hospital at Mukden, Manchuria, before retiring in 1927. She initiated and built up, with Dr. Ethel L. Starmer, the women's hospital, the maternity school, and the babies' home, institutions which reflected her successful work on behalf of Chinese women and children and missionary workers.

Dr. JOHN TOPHAM SPINK, who died recently at Harrogate, was for many years a general practitioner at Otley. He was a student of the Yorkshire College at Leeds, and, after clinical training at the General Infirmary at Leeds, obtained the Scottish triple qualification in 1892. Dr. Spink was for a considerable time medical officer to the Child Welfare Centre at Otley. He was one of the oldest members of the Royal Wharfedale Lodge of Freemasons, in which he held office as Worshipful Master in 1902-3. He had been a member of the British Medical Association for forty-two years.

The following well-known medical men have died abroad: Dr. ALBERT GRAEME MITCHELL, professor of paediatrics at the University of Cincinnati College of Medicine since 1924, co-author with Dr. J. P. Crozer Griffith of *Textbook of Diseases of Infants and Children*, aged 52; and Dr. JULIUS FRIEDENWALD, emeritus professor of gastro-enterology at the Medical School of the University of Maryland, aged 74.

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## Universities and Colleges

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### UNIVERSITY OF OXFORD

At a Congregation held on July 26 the following degrees were conferred:

D.M.—A. H. Hunt.

M.Ch.—H. Rees.

B.M.—A. P. D. Montgomery, \*R. F. G. Barker, F. G. Beilby, A. G. A. Albers, J. V. S. A. Davies, J. W. Gerrard, J. P. M. Tizard, C. G. Whiteside, \*A. J. Wilmot, H. W. Davies, R. T. Campbell, L. T. Scott, J. F. Monk, R. H. Percival, \*J. R. Tiller, Pamela M. Blake.

\* In absentia.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

At an ordinary meeting of the Council of the Royal College of Surgeons of England, held on July 31, with Sir Alfred Webb-Johnson, President, in the chair, Prof. Alexander Primrose was appointed representative of the College at the centenary celebrations of Queen's University, Kingston, Ontario, and Surgeon Rear-Admiral G. Gordon-Taylor was appointed delegate of the College to attend the thirty-first Annual Clinical Congress in Boston, U.S.A., as the guest of the American College of Surgeons.

Diplomas of Membership were granted, jointly with the Royal College of Physicians of London, to the candidates whose names appeared in last week's issue in the report of the meeting of the Royal College of Physicians of London.

Diplomas in Ophthalmic Medicine and Surgery (nine) and in Medical Radiology (three) were granted, jointly with the Royal College of Physicians of London, to the candidates whose names appeared in last week's issue in the report of the meeting of the Royal College of Physicians of London.

## The Services

### COLONEL COMMANDANT, R.A.M.C.

Lieut.-General Sir J. A. Hartigan, K.C.B., C.M.G., D.S.O., retired pay, late R.A.M.C., has been appointed Colonel Commandant, from August 8, 1941, in succession to Lieut.-General Sir H. B. Fawcus, K.C.B., C.M.G., D.S.O., D.C.L., retired pay, late R.A.M.C., who has relinquished the appointment on account of ill-health.

### R.A.F. AWARD

The King of Yugoslavia has conferred the Order of the White Eagle, 5th Class, on Flight Lieut. William Patrick Griffin, R.A.F.O., in recognition of valuable services rendered in connexion with the war.

### MENTIONS IN DISPATCHES

The following have been mentioned in dispatches: Temporary Surgeon Lieut. H. A. D. Doyle, R.N.V.R. (H.M.S. *Ladybird*), for courage and devotion to duty during operations in the Mediterranean, and Temporary Surgeon Lieut. M. G. Low, R.N.V.R., for good services in the successful raid on the Lofoten Islands.

### CASUALTIES IN THE MEDICAL SERVICES

#### ROYAL ARMY MEDICAL CORPS

##### Wounded

Captain John Hortas Jackson.  
Captain Bethel Lapedus.  
Captain Robert Norman Seed.

### DEATHS IN THE SERVICES

Colonel LANCELOT PAXTON MORE, R.A.M.C. (ret.), died in a London nursing home on July 19, aged 72. He was born at Rothwell, Northants, on March 20, 1869, and was educated at the University of Edinburgh, where he graduated M.B., C.M. in 1891, serving as assistant demonstrator of pathology. Entering the Army as surgeon lieutenant in 1892, he became lieutenant-colonel in 1915, brevet colonel in 1917, colonel in 1918, and retired in 1922, having been on half-pay from April to October, 1920, on account of ill-health. He served on the North-West Frontier of India in the campaign of 1897-8, receiving the Frontier medal with a clasp, also the clasp for the Tirah campaign. He had been a member of the British Medical Association for twenty-four years.

Colonel ARTHUR HUGH MORRIS, C.I.E., C.B.E., R.A.M.C. (ret.), died at Boscombe on July 6, aged 69. He was born on February 26, 1872, received his medical education at St. Bartholomew's Hospital, qualified M.R.C.S., L.R.C.P. in 1894, and took the D.P.H. in 1905. Entering the Army as surgeon lieutenant in 1896, he became lieutenant-colonel in 1915, and retired as colonel in 1922. He served in British Somaliland in 1903, in the hospital ship *Hardinge*, receiving the medal with a clasp, and in the war of 1914-18, when he was mentioned in dispatches, receiving the C.B.E.; and in Mesopotamia from 1919 to 1921, receiving the C.I.E. He had been a member of the British Medical Association for twenty-four years.

Lieut.-Colonel CHARLES EDWARD WILLIAMS, I.M.S. (ret.), died at Farnham, Surrey, on July 28, aged 75. He was born on November 1, 1865, and was educated at the University of Cambridge, where he graduated M.B., B.Chir. in 1890. Entering the I.M.S. as surgeon lieutenant in 1893, he became lieutenant-colonel after twenty years' service, and retired in 1923. He served in the North-West Frontier campaign of 1897-8 and received the Frontier medal with two clasps. Most of his service was spent in Burma, where he was appointed a civil surgeon in 1896. He was appointed Sanitary Commissioner in 1898, and held that post until his retirement. He was a member of the British Medical Association for twenty years and was a member of the Central Council in 1904-5.

Dr. J. J. Bittner of the Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Maine, U.S.A., has been awarded the Alvarenga Prize for 1941 for his studies on cancer. This prize is given each year by the College of Physicians of Philadelphia on the anniversary of the death of Pedro Francisco DaCosta Alvarenga, who died on July 14, 1883, and under whose will the prize was established, to the author of the work in any branch of medicine which is thought most deserving of the award.

## Medical Notes in Parliament

### Parliamentary Medical Committee

At a meeting of the Parliamentary Medical Committee last month, with Sir FRANCIS FREMANTLE in the chair, Lieut.-Colonel W. S. C. COPEMAN, in an address on rehabilitation, spoke of the work done in the Army in respect of both medical and surgical cases in shortening the period of treatment and convalescence and in counting the treatment as effective only in its single direction throughout to early future efficiency for service. He indicated, further, the application of the same change of view and practice to civil life, especially after the war, and showed the great economy, comfort, confidence, and welfare, individual and general, that should result.

### Tuberculosis

Invited by Mr. RHYS DAVIES on August 6 to give statistics showing the increase or decrease in tuberculosis in England and Wales respectively for each quarter since the beginning of 1938, Mr. BROWN replied on August 7 that quarterly statistics were not available. The following table indicated the total numbers of new cases notified to local authorities or which came to notice otherwise than by formal notification during each of the three years 1938 to 1940.

	1938		1939		1940	
	Pulmonary	Non-pulmonary	Pulmonary	Non-pulmonary	Pulmonary	Non-pulmonary
England	40,109	13,759	37,607	12,283	39,363	11,335
Wales	3,096	1,129	2,943	1,000	3,184	1,047

On August 7 Mr. JAMES GRIFFITHS asked if Mr. Brown's attention had been called to the report of the Welsh National Memorial Association, indicating a deficiency of 400 beds for waiting tuberculosis cases in the Principality. Mr. BROWN replied that the Press reported that a statement was made at a recent meeting of the Welsh National Memorial Association to this effect. The question of increasing the number of beds at present available in Wales and elsewhere was under active consideration in the Ministry of Health.

### Medical History of Recruits

Mr. BEVIN told Mr. Rhys Davies on August 7 that he had considered the suggestion that approved societies should be asked to supply medical boards with the medical history of men tested for service in the Army. This would not supplement the information already obtained to an extent sufficient to counterbalance administrative difficulties in its adoption. Every man was informed that the board would give careful consideration to medical evidence regarding any serious illnesses or disabilities, and was also asked to complete a questionnaire. Mr. Bevin added that, having administered an approved society, he would not place much reliance on the medical histories which such societies possessed. Arrangements had been made for notification to the medical boards of every man of military age whose name appeared on the register kept under the Public Health (Tuberculosis) Regulations. Every man examined was asked whether he had ever suffered from tuberculosis or received treatment for it or for suspected disease. Where there was reason to suspect tuberculosis the board referred the man for radiological or other special examination by the tuberculosis officer of the area in which he lived. The Medical Advisory Committee under Lord Horder had decided that it was impracticable for the chest of every recruit to be radiologically examined. Equipment and personnel to examine the results were not forthcoming.

*British Dispensary at Hankow*—On July 29, Mr. LAW informed Mr. Nunn that the British Dispensary at Hankow ceased business last April owing to difficulties arising out of the closure of the Yangtze. Special efforts to help this British firm were made by the British Consuls at Hankow and Shanghai, and some shipments of medical supplies were permitted to Hankow for the dispensary. Owing, however, to great delays and to the fact that no miscellaneous goods were allowed to be shipped, the turnover became insufficient to keep the firm in business.